STEP, INC.
BEHAVIORAL SUPPORT POLICY

I. PURPOSE AND GENERAL GUIDELINES

A. The purpose of this policy is to govern the use of all behavior management techniques within this agency. The policy is this agency's guidelines for complying with Minnesota Rules and Statutes regarding behavior support techniques and use of aversive and deprivation procedures. It is the policy of STEP, Inc to promote the rights of people served and to protect their health and safety during interventions for behavioral reasons, including the emergency use of manual restraint.

B. This policy will be reviewed yearly by the Board of Directors in consultation with persons who represent people with developmental disabilities.

C. Behavior management programming or procedures will be used only when the following conditions have been met:

1. The behavior management procedure is an element of an individual support or program plan that is designed to increase a person's adaptive functioning and self-reliance.
2. The problem behavior is assessed as to environmental factors, physical and medical factors, the function of the behavior as communication, and review of other factors that might be influencing the person's behavior.
3. The least intrusive method (such as environmental changes, natural and positive reinforcement, and instructional methods) has been attempted prior to engaging in more intrusive methods.

II. Positive Support Strategies and Techniques

Positive methods such as instructional techniques, altering the environment, positive reinforcement, training of alternate behaviors, social praise, role modeling, planning for people's choice and control, etc. are the preferred methods of behavioral support. All clients will be treated with respect and courtesy as adults. All instructional techniques will stress the value of the individual.

The following positive support strategies and techniques will be used be used to de-escalate a person's behavior before it poses an imminent risk of physical harm to self or others. The following strategies will be used based upon the staff's knowledge of the situation and the staff's personal knowledge of the individual as to what is the most effective and appropriate strategy for the person served.

- Follow individualized strategies written in a person's CSSP addendum
- Do nothing. Take no action in an attempt to buy time or in order to prevent the incident from accelerating.
- Shift the focus by verbally redirecting the person to a desired alternative activity
- Model desired behavior
- Give nonverbal redirection through gestures or pointing
- Reinforce appropriate behavior
- Offer choices, including activities that are relaxing and enjoyable to the person
- Use positive verbal guidance and feedback
- Verbal instructions or redirection. Use the person's name and pay attention to the person and his/her needs, not the behavior.
- Create a calm environment by reducing sound, lights or other factors that may agitate a person
- Speak calmly with reassuring words, considering volume, tone and non-verbal communication
- Listen to the person and validate their feelings
- Simplify a task or routine or discontinue until the person is calm
- Respect the person's need for physical space and/or privacy
- Other successful strategies as identified in the person's program plans

III. Definitions and Procedure Classifications

A. Prohibited Procedures

None of the following procedures may be used as a substitute for adequate staffing, for a behavioral or therapeutic program to reduce or eliminate behavior, as a punishment, or for staff convenience:

1. Chemical restraints – the administration of a drug or medication to control the person's behavior or restrict the person's freedom of movement and is not a standard treatment or dosage for the person's medical or psychological condition
2. Manual restraint – physical intervention intended to hold a person immobile or limit a person's voluntary movement by using body contact as the only source of physical restraint
3. Mechanical restraints – the use of devices, materials or equipment attached or adjacent to a person's body, or the use of practices intended to restrict freedom of movement or hold a person immobile as an intervention precipitated by a person's behavior. Mechanical restraint does not include: 1) devices worn by the person that trigger electronic alarms to warn staff that a person is leaving a room or area, or 2) the use of adaptive aids or equipment or orthotic devices ordered by a health care professional used to treat or manage a medical condition

4. Seclusion- removing a person involuntarily to a room from which exit is prohibited by a staff person or a mechanism such as a lock, a device, or an object positioned to hold the door closed or otherwise prevent the person from leaving the room, or otherwise involuntarily removing or separating a person from an area, activity, situation or social contact with others and blocking or preventing the person's return
5. Time out – the involuntary removal of a person for a period of time to a designated area from which the person is not prevented from leaving. Time-out does not mean voluntary removal or self-removal for the purpose of calming, prevention of escalation or de-escalation of behavior, nor does it mean taking a brief break or rest from an activity for the purpose of providing the person an opportunity to regain self-control
6. Any other aversive or deprivation procedure

B. Permitted Actions and Procedures

1. Use of the instructional techniques and intervention procedures as identified below is permitted when used on an intermittent or continuous basis. When used on a continuous basis, it must be addressed in a person's coordinated service and support plan addendum.

2. Physical contact or instructional techniques must use the least restrictive alternative possible to meet the needs of the person and may be used:
a) to calm or comfort a person by holding that person with no resistance from that person;
b) to protect a person known to be at risk of injury due to frequent falls as a result of a medical condition;
c) to facilitate the person's completion of a task or response when the person does not resist or the person's resistance is minimal in intensity and duration; or
d) to block or redirect a person's limbs or body without holding the person or limiting the person's movement to interrupt the person's behavior that may result in injury to self or others with less than 60 seconds of physical contact by staff
e) to redirect a person's behavior when the behavior does not pose a serious threat to the person or others and the behavior is effectively redirected with less than 60 seconds of physical contact by staff

3. Restraint may be used as an intervention procedure to:
a. allow a licensed health care professional to safely conduct a medical examination or to provide medical treatment ordered by a licensed health care professional to a person necessary to promote healing or recovery from an acute, meaning short-term, medical condition;
b. assist in the safe evacuation or redirection of a person in the event of an emergency and the person is at imminent risk of harm.
c. position a person with physical disabilities in a manner specified in the person's coordinated service and support plan addendum

C. **Restricted procedures.**

The following procedures are allowed when the procedures are implemented in compliance with the standards governing their use as identified below. Allowed but restricted procedures include:
1. Permitted actions and procedures subject to the requirements as described above;
2. Procedures identified in a positive support transition plan subject to the procedures and requirements of Minnesota statutes and rules
3. Emergency use of manual restraint subject to the requirements that follow.

IV. PROCEDURES FOR EMERGENCY BEHAVIORAL INTERVENTIONS

A. The following procedures will be used in instances where they are behavioral outbursts, property destruction, self or outward aggression when people are in danger of being injured, or in situations where intervention is necessary to prevent maltreatment of consumers

1. If there is a written individualized behavioral procedure, follow the procedures given there.
2. Secure assistance as soon as possible from other staff persons. Do not attempt to deal with potentially injurious situations alone unless absolutely necessary.
3. Assess the situation and plan carefully, communicating frequently with other staff members.
4. Attempt to deescalate the situation by acting in a calm, collected manner. As time allows, utilize the positive methods and techniques listed above
5. Remember your limitations. Damage to physical property is secondary to that of the safety of people.
6. Document incidents of behavioral emergencies and action taken on designated recording sheets.

B. EMERGENCY USE OF MANUAL RESTRAINTS

Conditions for emergency use of manual restraint

Emergency use of manual restraint must meet the following conditions:
(1) immediate intervention must be needed to protect the person or others from imminent risk of physical harm; and
(2) the type of manual restraint used must be the least restrictive intervention to eliminate the immediate risk of harm and effectively achieve safety. The manual restraint must end when the threat of harm ends.

The following conditions, on their own, are **not** conditions for emergency use of manual restraint:
1) the person is engaging in property destruction that does not cause imminent risk of physical harm
2) the person is engaging ins verbal aggressions with staff or others, or
3) the person is refusing to receive or participate in treatment or programming

Manual Restraints Allowed in Emergencies at STEP, Inc.

1) Physical Escort/Walking
2) One Person Arm Restraint or Hold
3) Two Person Arm Restraint or Hold
4) The above may be modified dependent on the situation.

Restrictions when implementing emergency use of manual restraint.
Emergency use of manual restraint procedures must not:
(1) be implemented with a child in a manner that constitutes sexual abuse, neglect, physical abuse, or mental injury
(2) be implemented with an adult in a manner that constitutes abuse or neglect
(3) be implemented in a manner that violates a person's rights and protections
(4)restrict a person's normal access to a nutritious diet, drinking water, adequate ventilation, necessary medical care, ordinary hygiene facilities, normal sleeping conditions, or necessary clothing, or to any protection required by state licensing standards and federal regulations governing the program;
(5) deny the person visitation or ordinary contact with legal counsel, a legal representative or next of kin;
(6) be used as a substitute for adequate staffing, for the convenience of staff, as punishment or as a consequence if the person refuses to participate in the treatment or services provided by the program; or
(7) use prone restraint. For the purposes of this section, "prone restraint" means use of manual restraint that places a person in a face-down position. This does not include brief physical holding of a person who, during an emergency use of manual restraint, rolls into a prone position, and the person is restored to a standing, sitting, or side-lying position as quickly as possible.
(8) Applying back or chest pressure while a person is in the prone or supine position or face-up is prohibited.

Monitoring emergency use of manual restraint

STEP staff will monitor a person's health and safety during an emergency use of a manual restraint. Staff monitoring the procedure must not be the staff implementing the procedure when at all possible. The monitor will observe to see that only manual restraints allowed by this policy

are implemented, that the staff performing the restraint has been trained in the policy and procedure, that manual restraints are not contraindicated for the person, and that the restraint is being implemented properly. The monitor will also observe the mental, physical and emotional condition of the person and to ensure that the intervention is such that the person's health and safety is being maintained as well as the safety of the staff and others involved.

STEP staff will complete a monitoring form, approved by the commissioner, for each incident involving the emergency use of a manual restraint.

Reporting emergency use of manual restraint incident

(a) Within three calendar days after an emergency use of a manual restraint, the staff person who implemented the emergency use must report in writing to the appropriate designated coordinator/program manager the following information about the emergency use
(1) the staff and people receiving services who were involved in the incident leading up to the emergency use of manual restraint;
(2) a description of the physical and social environment, including who was present before and during the incident leading up to the emergency use of manual restraint;
(3) a description of what less restrictive alternative measures were attempted to de-escalate the incident and maintain safety before the manual restraint was implemented that identifies when, how, and how long the alternative measures were attempted before manual restraint was implemented;
(4) a description of the mental, physical, and emotional condition of the person who was restrained, and other persons involved in the incident leading up to, during, and following the manual restraint;
(5) whether there was any injury to the person who was restrained or other persons involved in the incident, including staff, before or as a result of the use of manual restraint;
(6) whether there was a debriefing with the staff, and, if not contraindicated, with the person who was restrained and other persons who were involved in or who witnessed the restraint, following the incident and the outcome of the debriefing. If the debriefing was not conducted at the time the incident report was made, the report should identify whether a debriefing is planned; and
(7) a copy of the report must be maintained in the person's service recipient record.

Each single incident of emergency use of manual restraint must be reported separately.
For the purposes of this subdivision, an incident of emergency use of manual restraint is a single incident when the following conditions have been met:
(1) after implementing the manual restraint, staff attempt to release the person at the moment staff believe the person's conduct no longer poses an imminent risk of physical harm to self or others and less restrictive strategies can be implemented to maintain safety;
(2) upon the attempt to release the restraint, the person's behavior immediately re-escalates; and
(3) staff must immediately reimplement the restraint in order to maintain safety.

Internal review of emergency use of manual restraint

Within five working days of the emergency use of manual restraint, the appropriate designated coordinator and program manager must complete and document an internal review of each report of emergency use of manual restraint. The review must include an evaluation of whether:
(1) the person's service and support strategies developed in the CSSP addendum need to be revised;
(2) related policies and procedures were followed;
(3) the policies and procedures were adequate;
(4) there is a need for additional staff training;
(5) the reported event is similar to past events with the persons, staff, or the services involved; and
(6) there is a need for corrective action by the license holder to protect the health and safety of persons.

Based on the results of the internal review, the designated coordinator will develop, document, and implement a corrective action plan for the program designed to correct current lapses and prevent future lapses in performance by individuals, if any. The corrective action plan, if any, must be implemented within 30 days of the internal review being completed.

STEP will maintain a copy of the internal review and the corrective action plan, if any, in the person's service recipient record.

Expanded support team review

Within five working days after the completion of the internal review above, the designated coordinator must consult with the expanded support team following the emergency use of manual restraint to:
(1) discuss the incident, to define the antecedent or event that gave rise to the behavior resulting in the manual restraint and identify the perceived function the behavior served; and
(2) determine whether the person's coordinated service and support plan addendum needs to be revised according to sections to positively and effectively help the person maintain stability and to reduce or eliminate future occurrences requiring emergency use of manual restraint.

STEP must maintain a written summary of the expanded support team's discussion and decisions required above in the person's service recipient record.

External review and reporting

Within five working days of the expanded support team review, the designated coordinator/program manager must submit to the Department of Human Services, the following information via the online Behavior Intervention Reporting Form. The form is also automatically routed to the Office of the Ombudsman for Mental Health and Developmental Disabilities.

(1) the report of the emergency use of a manual restraint
(2) the internal review and the corrective action plan as indicated above
(3) the written summary of the expanded support team review as indicate above

V. Staff Training

Before STEP staff may implement manual restraints on an emergency basis, they must complete the following training:

STEP will provide staff with orientation and annual training as required in Minnesota Statutes.

1. Before having unsupervised direct contact with persons served by the program, the program must provide instruction on prohibited procedures that address the following:
   a. what constitutes the use of restraint, time out, seclusion, and chemical restraint;
   b. staff responsibilities related to ensuring prohibited procedures are not used;
   c. why such prohibited procedures are not effective for reducing or eliminating symptoms or undesired behavior;
   d. why prohibited procedures are not safe; and
   e. the safe and correct use of manual restraint on an emergency basis according to the requirements in the 245D HCBS Standards, section 245D.061 and this policy.
2. Within 60 days of hire the program must provide instruction on the following topics:
   a. alternatives to manual restraint procedures, including techniques to identify events and environmental factors that may escalate conduct that poses an imminent risk of physical harm to self or others;
   b. de-escalation methods, positive support strategies, and how to avoid power struggles;
   c. simulated experiences of administering and receiving manual restraint procedures allowed by the program on an emergency basis;
   d. how to properly identify thresholds for implementing and ceasing restrictive procedures;
   e. how to recognize, monitor, and respond to the person's physical signs of distress, including positional asphyxia;
   f. the physiological and psychological impact on the person and the staff when restrictive procedures are used;
   g. the communicative intent of behaviors; and
   h. relationship building.

Training on these topics received from other sources may count toward these requirements if received in the 12-month period before the staff person's date of hire.

Reviewed by Board of Directors May 8, 2019